ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	[illegible]	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	TR	JC947	12/26/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔ ..... Rejected
= ..... Allowed
— (Through numeral)... Canceled
÷ ..... Restricted
N ..... Non-elected
I ..... Interference
A ..... Appeal
O ..... Objected

Claim Final	Claim Original	Date
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Claim Final	Claim Original	Date
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1	104	✓ = = ✓
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8	112	= = ✓
9	113	
10	114	✓
11	115	✓
12	116	O
13	117	✓
14	118	
15	119	
16	120	
17	121	
18	122	
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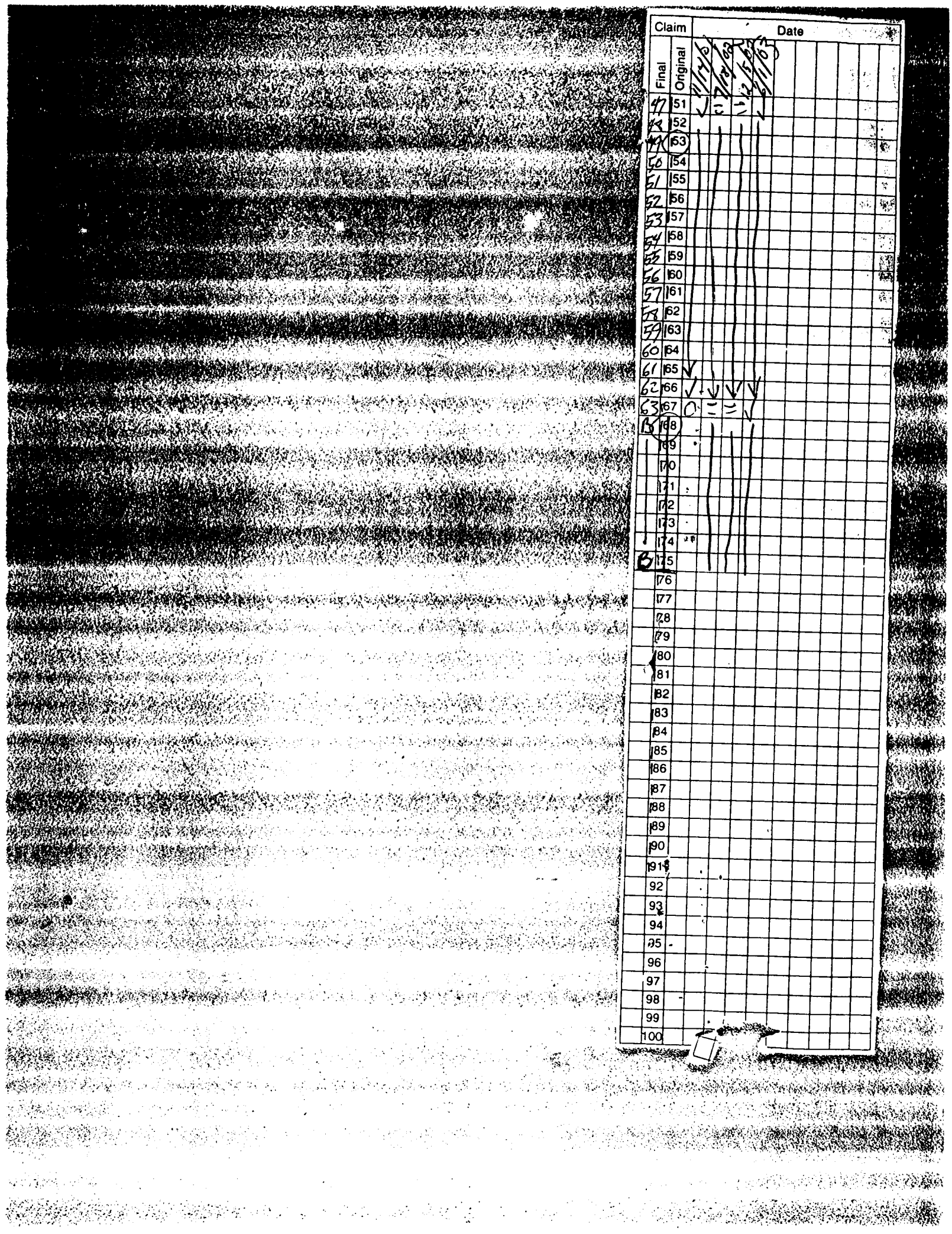
21	125	
22	126	
23	127	
24	128	
25	129	
26	130	
27	131	
28	132	
29	133	
30	134	✓
31	135	O
32	136	✓
33	137	
34	138	
35	139	
36	140	
37	141	
38	142	
39	143	
40	144	
41	145	
42	146	✓
43	147	✓
44	148	O
45	149	O ✓ ✓ ✓
46	150	✓ = = ✓

If more than 150 claims or 10 actions staple additional sheet here

(LEFT INSIDE)


Claim
Date
Final
Original